

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	PS	66621	5/4
O.I.P.E. CLASSIFIER	PH		5/6
FORMALITY REVIEW			
RESPONSE FORMALITY REVIEW		7/17/1	6/5

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	4/14/03
2	5/1/03
3	5/1/03
4	5/1/03
5	5/1/03
6	5/1/03
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Claim	Date
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Best Available Copy

If more than 150 claims or 10 actions  
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